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UTILITY PATENT APPLICATION TRANSMITTAL

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|---|----------------------|---|--------------|---|-----------------------------------|-------------|--|-----------------|--|--|--|
| Address to: Box PATENT APPLICATION | | | | TION | Attorney Dock | et No. | CHEN3648/EM | | | | |
| Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | First Named Ir (or identifier) | iventor | Kun-Chen CHEN | | | | |
| | | | | | Total Pages | | 23 | | | | |
| | | Transmi | tted h | erewith is a pate | nt applica | tion unde | er 37 CFR 1.53(b). | | | | |
| Entitled: Tool Bracket For Storing To | | | | | ol Bits | | | | | | |
| × | 1. | Submitted | d herev | vith are the followin | ıg: | - | | | | | |
| | | 9 pages of specification, including claims and Abstract. 9 sheets of FORMAL drawings (Figs. 1-9). 9 claims. 1 Oath/Declaration signed by each inventor. 1 Application Data Sheet. 1 check in the amount of \$385 (Filing Fee). | | | | | | | | | |
| ⊠ | 2. | SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application. | | | | | | | | | |
| × | 3. | The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200. | | | | | | | | | |
| | 4. | Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed | | | | | | | | | |
| | 5. | Insert before the first sentence of the specification: This application is a Continuation-in-part of nonprovisional application number filed | | | | | | | | | |
| | 6. | Other: | | | | | <u> </u> | | | | |
| Reg. | No. 25 | 5,893; Rich | ard E. F | epresenting applicant Fichter, Reg. No. 26, 22; and Benjamin E. U | 382; Thoma: | s J. Moore, | ey, Reg. No. 19,179; Eug Reg. No. 28,974; Josep | gene Mar, oh | | | |
| | | THE | FILING FE | EE IS CALCULATED AS FO | OLLOWS: | | Basic Fee: | \$770.00 | | | |
| ļ | Total Claims: 9 - 20 | | - 20 = | | 0 | X \$18 = | \$0.00 | | | | |
| Independent Claims: 1 - | | - 3= | | 0 | X \$86 = | \$0.00 | | | | | |
| | | e Address: | PLIC | 2336 | 4 | Multiple D | Multiple Dependent Claim (add \$290.00): | | | | |
| 625 Slaters Lane, 4 th Floor CUSTOMER NU | | | CUSTOMER NUM | | | Subtotal: | | | | | |
| Alexandria, VA 22314-1176 | | | | | | 50% F | 50% Reduction if Small Entity Status: | | | | |
| Phone: 703-683-0500 Fax: 7 | | | | | 03-683-1080 | | Total: | \$385.00 | | | |
| Date: Name: | | | | | Signature: | | | | | | |
| March 26, 2004 | | | | Eugene Mar | | 6 | | | | | |